

Appendix 18

Comprehensive Agency Outreach and Case Management Plan Requirements

Per HFS 105.52, Wis. Admin. Code, an agency must submit an outreach plan to receive certification for providing prenatal care coordination (PNCC) services. To be approved, the plan must, at a minimum:

1. Document that the agency is located in the area it will serve.
2. Document that the agency employs at least one qualified professional with at least two years' experience coordinating services for at-risk or low-income pregnant women.
3. Indicate that a qualified professional will be on staff, under contract, or available in a volunteer capacity to supervise the risk assessment and ongoing care coordination and monitoring. Qualified professionals include:
 - A nurse practitioner licensed as a certified nurse pursuant to s. 441.06, Wis. Stats., and currently certified by the American Nurses' Association, the National Board of Pediatric Nurse Practitioners and Associates, or the Nurses' Association of the American College of Obstetricians and Gynecologists' Certification Corporation.
 - A nurse midwife certified under HFS 105.201, Wis. Admin. Code.
 - A public health nurse meeting the qualifications of HFS 139.08, Wis. Admin. Code.
 - A physician licensed under ch. 448, Wis. Stats., to practice medicine or osteopathy.
 - A physician assistant certified under ch. 448, Wis. Stats.
 - A dietitian certified or eligible for registration by the Commission on Dietetic Registration of the American Dietetic Association with at least two years of community health experience. (Per proposed rule change, the following is also acceptable: A dietitian certified by the State of Wisconsin [CD] or registered by the American Dietetic Association [RD] with at least 2 years of community health experience.)
 - A certified nurse with at least two years of experience in maternity nursing and/or community health service.
 - A social worker with at least a bachelor's degree and two years of experience in a health care or family services program.
 - A health educator with a master's degree in health education and at least two years of experience in community health services.
4. Document that the agency has on staff, under contract, or available in a volunteer capacity an individual(s) with the expertise necessary to provide health education and nutrition counseling. The individual must be a qualified professional as defined above and have the demonstrated ability, based on education or at least one year of experience, to provide health education and nutrition counseling.
5. Document that the agency has a variety of techniques to identify low-income pregnant women. For example, the agency could indicate that it has developed or is in the process of developing a working relationship with local health care and social service providers, Women, Infants and Children Supplemental Nutrition Program (WIC), the local human or social services department, an Early Identification of Pregnancy program, and the local high school.
6. Identify the name, address, and the telephone number of the following local resources:
 - WIC.
 - Maternal and child health services.
 - The county, city, or combined city and county public health agency.
 - Child day care services.

- Mental health and substance abuse (alcohol or other drug abuse) prevention and treatment agencies.
- The county protective service agency.
- Domestic abuse agencies.
- Translator and interpreter services, including services for the hearing impaired.
- Family support services.
- Transportation services (for example, local county transportation or volunteer services).

7. Document that the agency has identified Wisconsin Medicaid-certified primary health care providers (e.g., certified nurse midwives, nurse practitioners, physicians) in the agency's locality, has referral relationships with them, and the providers have agreed to serve the recipients.

Agencies located in counties with Wisconsin Medicaid HMOs must have on file a signed copy of a Memorandum of Understanding (MOU) with each HMO.

8. Document that the agency has experience dealing with the racial/ethnic group(s) with which it intends to work. This documentation could include one or more of the following:
 - Records showing the racial and ethnic breakdown of the population that the agency served in the past.
 - Records showing the agency has developed, implemented, and evaluated programs specifically targeted toward the ethnic/racial group(s).
 - Records showing the agency has provided health care services in a geographic area where a significant percentage of the population was the same as the agency's targeted racial or ethnic group(s).
 - Evidence that the agency's board of administration has a significant amount of representation from the targeted group(s).
 - Letters of support from minority health service organizations which represent the target groups.
 - Evidence of the agency's ability to address pertinent cultural issues such as cultural norms and beliefs, language, outreach, networking, and extended family relationships.
9. Describe the agency's ability to arrange for supportive services provided by other funding sources such as county transportation, county protective services, interpreter services, child care services, and housing. This documentation should include the methods, techniques, and contacts which will be used to offer and provide assistance in accessing these services.
10. Document that the agency has the capability to provide ongoing PNCC and monitoring of high-risk pregnant women to ensure that all necessary services are obtained.

These requirements are the standard certification expectations. Agencies may apply for certification if they do not meet these standards. Application approval in such cases depends on the agency's demonstration that it has developed reasonable alternative means to assure adequacy and quality of the PNCC services.